

ORIGINAL CV 13-6057

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SUMMONS ISSUED

Dr. Alan Khiger

KUNTZ, J.

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

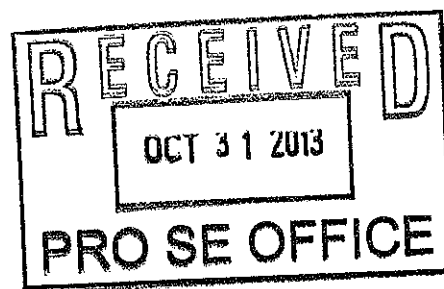
BLOOM, M.J.

COMPLAINT

The State of Nevada, Bank of America, Yvette Nissen, Albert
Torres, Paul Andres, VeeCee Bookkeeping & Tax Service,
Paul S Padda, EsqJury Trial: ☒ Yes ☐ No
(check one)

Dr. Zev Lagstein

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

Please see Attachment for
Dr. Zev Lagstein and Paul Andres.

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Paul S PaddaStreet Address 4240 West Flamingo Rd ste 220County, City Las VegasState & Zip Code NV 89103Telephone Number 7023661888

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name VeeCee Bookkeeping and Tax ServiceStreet Address 2831 St Rose Pkwy # 218

County, City Henderson,
 State & Zip Code NV 89052
 Telephone Number 702458-3124

Defendant No. 2 Name Bank Of America
 Street Address 4505 S Maryland Pkwy
 County, City Las Vegas
 State & Zip Code NV 89119
 Telephone Number 702-654-4120

Defendant No. 3 Name State of Nevada/ office of the attorney general
 Street Address 555 E Washington ave ste 3900
 County, City Las Vegas
 State & Zip Code NV 89101
 Telephone Number 702 468-3768

Defendant No. 4 Name Yvette Nissen, Albert Torres
 Street Address ~~check out~~ 2656 VAN Patten ST
 County, City LAS Vegas APT 20
 State & Zip Code NV 89109
 Telephone Number 702 5041469

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Amendment XIV (1868)

Section 1. All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of rights

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship New York

Defendant(s) state(s) of citizenship Nevada,

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Las Vegas / Clark County

B. What date and approximate time did the events giving rise to your claim(s) occur? 04/15/11 to 7/31/13

C. Facts: The following defendants are involved in committing tortuous acts me Dr. Alan Khiger violating my human rights, twisting my wrists while I was handcuffed, tampering with my bank accounts not paying me for the chiropractic services I performed on the patient. Humiliating me. Falsely jailing me. Destroying my property, throwing out my diplomas from Life University. Throwing rocks at my window. Stamping my mail to prospective ^{patients} saying FOE with a finger pointing to my address. Having sex at my residence. The State of Nevada brought up a case against me involving battery misdemeanor which I had no part of and Nevada metro police twisted my arms during a call when a so called girlfriend/employee by the name of Yvette Nissen who happened to be government witness. Broke into my residence hid herself in a suitcase while I called police to remove her from my residence they accused me of shoving her in the suitcase and placing me in handcuffs. I started screaming my name is Dr. Alan Khiger and my rights are violated they took me around the corner and began twisting my arms and saying why are you resisting Alan. I then said if you are going to torture me kill me fast. The officer tied me in the back of the police car and drove approximately half a mile than he stated that he is not going to kill me and if I stop saying that he is going to bring me back and let me go with a summons disturbing a piece. Yvette Nissen assisted the following defendants into committing monetary crimes against me please see attached exhibits A through F. She had humiliated me in front of patients by using inappropriate verbage as well as wearing inappropriate clothes. I was forced into immediate evacuation to New York City where my parents are currently supporting me please see Mental Health report.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Currently undergoing psychotherapy as well as self rehabilitation. Anger Management. As a result of this actions I have suffered an emotional distress and suffering.

Fear of returning back to LAS Vegas
and being persecuted again.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. The VeeCee accounting bookkeeping services are not replying to my phone calls and letters because my tax return for 2011 is showing earnings for \$76,000 which are the following grounds for transferring this case to the District Court, preventing me to properly state my case for violation of constitutional Charter. Based on the recovered evidence provided and the duration of time the defendants have brought torture and suffering as well as twisting my wrists for motive in ending my career as an Amazing Chiropractor who impacted the lives of many Americans please see attached exhibits and attacking my celebrity status because I learned Spanish and was featured on Spanish television and radio live please see digital exhibit of google page Dr. Alan Khiger I respectfully beg the court to allow seeking \$10000000 compensation for the pain and suffering brought by the defendants occurred herein against me and my family.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10th day of October, 2013

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Alan Khiger
2990 13 RICHMOND ST APT 513
BROOKLYN, NY 11235

(702) 817-4700

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Attachment

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 2

Name 1 World Medicine / PAUL ANDREASStreet Address 3110 S Valley View BLVD Ste 103County, City LAS Vegas 89109 AKState & Zip Code NV 89109Telephone Number (702) 445-7031

Defendant No. 3

Name Dz. Zev LagsteinStreet Address 3017 W CHARLESTON BLVD #80County, City LAS VegasState & Zip Code NV 89102Telephone Number 702 870-1026

Defendant No. 4

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

My name is Svetlana Dodis this is a statement prepared in regards to the tortious acts that were committed on behalf of the defendants mentioned in the following complaint herein. On July 26th approximately 6:00pm my son called me from Las Vegas City crying that he was put in handcuffs and his arms were twisted while in custody making a complaint against his drug addict girlfriend who I never approved off from the moment I met the monster. I immediately sent him money to purchase a plane ticket. When he returned he was crying and his wrist were swollen. He told me that Yvette Nissen were setting him up and committing terrorist acts by vandalizing his car, deflating his tires, breaking into his apartment, throwing rocks into his apartment and breaking the windows. In addition to that he had mentioned that she was bringing other men to his apartment while he was working and having sex with them. Moreover, she used his yamaka to clean sperm. When my son called the police on this monster they ignored his call and favored the monster's story. The latest incident when she hid inside the suitcase and try to set my son and police try to end his career by twisting his arms. I flew back to Las Vegas to find out what is going on? I have known Yvette for approximately four years and when I visited my son I was too afraid to say something. She did not maintain employment for as long as my son was with her. My son was working very hard covering a practice as well as running his own business while she sat home and terrorize my son. She was born in this country and speaks fluent English and had abused my son who supported her for as long as I know her. My son showed me and my daughter the broken glass of his apartment windows. Moreover, I wanted to get the property of his out and Yvette broke into his place and did not listen to my orders to vacate my sons apartment. The warning was given three times and ignored. It took police about 35 minutes to show up. Finally, that took her to the side and we were able to get his property out. We are hard working immigrants and never seen anything like this in our life. We are American citizens and hardworking taxpayers. My son is a hard working doctor who worked very hard to get where he is despite his past. He also saw my father in law get beaten up by the KGB when he was six years old. I respectfully ask that justice is served and those accountable are punished for the pain and suffering my son had went through. I am available for a verbal testimony if necessary as an advance notice would be granted. I pray that the judicial officers make an appropriate decision and realize that my only son's rights were violated.

Sincerely,

Svetlana Dodis.

S Dodis 10.28.13

In a addition of the following complaint against Albert Torres who happen to be the step father to the Yvette Nissen. Albert Torres was asked to help moving my property which states in an exhibit A for the eviction notice I received on December 27, 2012. I report the following matter to the Las Vegas Metro Police on January 28, 2013 (please see attached exhibit) While making a report I was arrested for a parking ticket not completing the police report. Even though there was a camera inside the building in a parking garage the detective had stated that footage was obtainable. When I confronted Albert Torres and told him that he is on disability and was healthy enough to destroy my property he did not bother to answer back nor reply to the text messages. The cell phone of Albert Torres was used as a form of communication between Yvette Nissen and I Dr. Alan Khiger. Moreover, the following laptop computer was recovered by me Dr. Alan Khiger and is locked (the computer was used to send information to the government individuals for trying to frame me in wrong doing at my Chiropractic office please see the attached Exhibit B with a detail information against Paul S. Padda who is federal prosecutor and held to a high standard along with an FBI agent Torquin who has been on the force numerous years and forged the evidence for the Chiropractic Medical Records as well as encouraged Yvette Nissen to obtain the password key for the Office Ally billing department. The letter was intercepted by me and included in the following Exhibit herein.

Another incident involving Yvette Nissen in taking an employee check please see exhibit C and charging through the ATM in the amount of \$547.56 which prohibited by federal law and telling me to ask the manager of the UNLV branch Las Vegas if the funds had been released. She said it would take approximately 24 hours for the check to clear. I got suspicious and began reading a little booklet when you open an account called term and conditions that no one reads where it says that depositing an employee check is violation of a federal rule I immediately called the Bank of America and responded that I allowed for Ms.Nissen to use my pin code for access of check deposit. I allowed the access of withdrawing funds but not the employee check deposit. Moreover, Bank of America never disclose the release of \$1000 dollars of cash advance which clearly shows the high deposits made in greater amount of \$9000 plus please see exhibit C. Moreover, the receipts showing all zeros printed of the merchant account which is false statement patients paid approximately \$1000 dollars for the following Chiropractic services I had performed on them.

The State of Nevada had passed around fake servyes jailing me for no apparent reason the police had used forced against me as mentioned in the U.S court document hiding police report from State Farm where I notified police that my life was at stake and the following terrorist Ms. Yvette Nissen who has committed inhumane crimes against me mention here in and had begged me not to follow through with criminal charges against her. I respectfully beg the court to make a detail Judicial Review by reading and evaluating this complaint and pieces of evidence that I was able to recover while i was able to evacuate safely into New York City area.

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

Name: ALAN KHIGER) CASE NO.: _____
Applicant(s),) DEPT. NO.: _____
-vs-)
Name: Yvette Nissen)
Adverse Party(s).) **CONFIDENTIAL PROTECTION ORDER**
INFORMATION SHEET

APPLICANT INFORMATION

1. Name: KHIGER ALAN
(Last) (First) (Middle)
2. Other Names Used: N/A
(Last) (First) (Middle)
3. Phone: (702) 351-9138 702/291-2156
(Home) (Work) (Cell)
4. Home Address: 3900 Elizabeth Ave Apt 19 89117
(Street Address) (Bldg/Apt #) (City) (State) (Zip)
5. Mailing Address: 3017 W CHARLES HWY BLDG 58 89102
(If different from above) (Street Address) (Bldg/Apt #) (City) (State) (Zip)
6. Date of Birth: 01/20/1976 7. Sex: M

ADVERSE PARTY INFORMATION

(Please complete a separate Confidential Protection Order Information Sheet for each Adverse Party)

1. Name: Nissen Yvette
(Last) (First) (Middle)
2. Other Names Used: Nissen MARIE
(Last) (First) (Middle)
3. Phone: N/A UNK
(Home) (Work) (Cell)
4. Last Known Address: 900 E Desert Inn Apt 405 LAS Vegas, NV
(Street Address) (Bldg/Apt #) (City) (State) (Zip) 89109
5. Mailing Address: UNK
(If different from above) (Street Address) (Bldg/Apt #) (City) (State) (Zip)
6. Occupation: UNK Employer: UNK Work Days: UNK Work Hours: UNK
Work Phone: N/A Work Address: _____
7. Date of Birth: N/A 8. Social Security No.: N/A
9. Hair Color: BL 10. Eye Color: BR 11. Height: 5'6 12. Weight: 170 lbs 13. Sex: F 14. Race: L
16. Scars/Marks/Tattoos (Provide a Description and Location): Playboy bunny (at glute area)
15. Does the Adverse Party speak English? ☒ YES ☐ NO If not, what language? _____
16. Vehicle Make: UNK Model: UNK Year: UNK License Plate Number/State: UNK
6/24/13 Alan Khiger Al. Khiger
(Date) (Type Or Print Name) (Signature)

**JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA**

Name: AZAN KNIGER

) CASE NO.: _____

) DEPT. NO.: _____

Applicant(s),

) **APPLICATION FOR ORDER FOR PROTECTION**

) **AGAINST:**

Name: Yvette Nissen

) ☒ **Stalking, Aggravated Stalking, And/Or Harassment**

) ☐ **Harm to Minors**

Adverse Party(s).

) ☐ **Sexual Assault**

1. I am applying for an order for protection (check all that apply):

☒ **For myself** ☐ **On behalf of another person(s).**

2. Below is information relating to all persons for whom I am seeking protection, including myself:

NAME	AGE	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ADVERSE PARTY (if seeking protection against multiple adverse parties, please also complete a Supplement to Application for Order for Protection)	DOES THIS PERSON LIVE WITH THE ADVERSE PARTY?
Alan Kniger		Self (if applicable)	girlfriend	NO

3. I am filing this Application for the following reason(s) (Specifically explain why protection is needed for you and/or any persons for whom you are seeking protection. If you need additional space, use the Continuation Page):

There were several complaints made to LAS Vegas Police department in regards to MS Nissen Stalking, harrasing Dr. AZAN KNIGER. Due to the police investigating knowledge that Dr. Kniger is an immigrant to United States and she appeared helpful in helping me Doctor with Associated business and personal problems instead her motive see came

CONTINUATION PAGE

APPLICANT'S NAME: Alan Khiger

(NOTE: BE SPECIFIC AS TO WHO COMMITTED WHAT ACT OR ACT(S), AGAINST WHOM, WHEN, WHERE, WHETHER COMMITTED OR THREATENED; INDICATE APPROXIMATE DATE(S) AND LOCATION(S).)

CONTINUED FROM PAGE 2: was to destroy Doctor
Khiger by having sexual intercourse
with my best friend who knowingly
and willingly has been admitted
to me by friend. Yvette responded
by that I was hallucinating
and he has nothing to worry
about and continued to destroy
my reputation by using his
identification and forging
signatures on documents such as
IRS records + patients that I
was treating. Yvette would
temper w/ template reports &
billing. She would go to
authorities on behalf of Dr. Khiger

THE ATTACHED APPLICATION INCORPORATES THE CONTINUATION PAGE BY REFERENCE.

4. I or one of the parties seeking protection (select one) ☒ have ☐ have not made a report against the Adverse Party(s) to law enforcement. (NOTE: It is not necessary to file a law enforcement report but if such a report was made, please complete the following information. You may also wish to attach a copy of any such report):

The approximate date a report to law enforcement was made: 2 years ago

The name of the law enforcement agency: 536 TAM O'SHAWER Dr.

The case/event number, if known: Not known hidden by police

5. The following is a list of other relevant court actions (ie TPOs, evictions, divorce, custody, criminal, etc.) that I or a person for whom I am seeking protection have been involved with the Adverse Party:

Case # (if known)	County and State where the court is located	Approximate Date Filed
<u>divorce</u>	<u>SAN Diego</u>	<u>2009-2010</u>

6. Do you or any of the parties seeking protection have children in common with the Adverse Party?

☐ Yes ☒ No

7. Do you or any of the parties seeking protection work at the same location as the Adverse Party?

☒ Yes ☐ No

8. If a temporary protection order is granted, the sheriff will attempt to personally serve it on the Adverse Party. To the best of your knowledge:

a. Do you believe that the Adverse Party may react violently when served with any court papers?

☒ Yes ☐ No If yes, explain: Excessive drug use

b. Does the Adverse Party have access to weapons?

☒ Yes ☐ No If yes, please describe the type and location of such weapon(s): was

arrested on 12/28/12 with a switch

c. Does the Adverse Party have a concealed weapons permit? blade knife concealed

☐ Yes ☒ No

red longer than 4
fingers in length with
is considered a deadly
weapon

d. Does the Adverse Party have any history of (check all that apply):

- ☒ Physical violence. Explain: admitted to being a bully in high school.
- ☐ Violence with a weapon. Explain: behaviors altered charges noted.
- ☒ Mental health issues. Explain: concealable addict and psychiatric disorders/peer safety.
- ☒ Drug/alcohol abuse. Explain: was a previous alcoholic person admitted by himself.
- ☒ Outstanding/prior warrants? Explain: raped, judicial, instability.

e. Are there any other safety considerations of which the court should be aware? Explain: Running by and willingly was trying to uncover

RELIEF REQUESTED

Dr. ALAN KELLER

WHEREFORE, I request that a Temporary Protection Order be issued against the Adverse Party requiring the Adverse Party:

(1) To refrain from contacting, intimidating, threatening or otherwise interfering with me and/or the parties for whom I am seeking protection in this Application, either directly or through an agent.

(2) To stay away from the following locations (NOTE: If you do not want to disclose the addresses for any locations you want to Adverse Party to stay away from, you may check "Confidential" although this may limit law enforcement's ability to enforce any protection order that is ultimately granted):

i. Residences where protection is needed:

- ☒ CONFIDENTIAL (If confidential, do not list the address)
- ☐ Address, city, state and zip code: _____

ii. Place(s) of employment where protection is needed:

- ☒ CONFIDENTIAL (If confidential, do not list the address)
- ☐ Address, city, state and zip code: _____

iii. School(s) where protection is needed:

- ☒ CONFIDENTIAL (If confidential, do not list the address)
- ☐ Address, city, state and zip code: _____

iv. Other specific locations where protection is needed:

- ☒ CONFIDENTIAL (If confidential, do not list the address)
☐ Address, city, state and zip code: _____

I FURTHER REQUEST that the Court order as follows:

Grand & full protection necessary against Yvette Nissan in full order.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

10/24/13
(date)

AZAW KHIGER
(type or print name)

[Signature]
(signature)

Case Report No.:
LLV130131001965Las Vegas Metropolitan Police
Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106**Administrative**

Crime Type
Location 900 E DESERT INN RD
Occurred On (Date / Time) Tuesday 1/29/2013 11:00:00 AM
Reporting Officer 13497 - CUNNINGHAM, J.
Entered By 13497 - CUNNINGHAM, J.
Related Cases
Assisted By:

LAS VEGAS, NV 89109
Or Between (Date / Time)
Sector / Beat N1
Tuesday 1/29/2013 4:00:00 PM
Reported On 1/31/2013
Entered On 1/31/2013 12:50:03 PM

Offenses**GRAND LARCENY - OVER \$650**

Completed Yes Hate/Bias Unknown (Offenders Motivation Not Known) Code Section Domestic Violence No
Entry Premises Entered Type Security Tools
Weapons
Criminal Activities Location Type Residence/Home

VictimsName: **KHIGER, ALAN**

Victim Type Individual Written Statement Yes
Victim of 205.220A - GRAND LARCENY - OVER \$650 Can ID Suspect N - No
SSN
Height 6' 1" DOB 1/20/1976 Age 37 Sex Male Race White
Weight 200 Hair Color Black Eye Color Green

Addresses

R - Residence Richmond And Sahara At Friends House
B - Business 3120 S Valley Vw Ste A LAS VEGAS, NV 89102 US - USA
US - USA

Phones

B - Business/Work
Resident 702 291-2156
DLN 2103724568 Resident DL State POB Nevada
Employer/School DOCTOR Employer Address DL Country USA
Occupation/Grade DOCTOR Work Schedule

Tourist Departure Date

Injury

Injury Weapons

Offender Relationships

Offender

Relationship

Testify

UNLAWFUL DISSEMINATION of this
Restricted Information is PROHIBITED.
Violation will subject the offender
to Criminal and Civil liability.

Rel To: Khiger, AlanDate: 1/31/13

Las Vegas Metropolitan Police Department

By: JCHUG71**Suspects****Arrestees****Witnesses****Other Entities****Properties****Household Items and Appliances**

Status Stolen IBR Type Household Items and Appliances UCR Type Household Goods, Appliances
Description 2 DESK TABLES
Quantity 2 Value 400.00
Serial No. WIN Color
Manufacturer Recovered Date
Model Owner V - KHIGER, ALAN

Notes:

Household Items and Appliances
1/31/2013 1:05 PM

LLV130131001965

Status	Stolen	IBR Type	Household Items and Appliances	UCR Type	Household Goods, Appliances
Description	2 OFFICE CHAIRS	Value	120.00	Manufacturer	Model
Quantity		Color		Recovered Date	Owner
Serial No./VIN					V - KHIGER, ALAN
Notes:					
Household Items and Appliances					
Status	Stolen	IBR Type	Household Items and Appliances	UCR Type	Household Goods, Appliances
Description	1 PATIO TABLE AND CHAIR	Value	300.00	Manufacturer	Model
Quantity		Color		Recovered Date	Owner
Serial No./VIN					V - KHIGER, ALAN
Notes:					
Household Items and Appliances					
Status	Stolen	IBR Type	Household Items and Appliances	UCR Type	Household Goods, Appliances
Description	1 MATTRESS FRAME	Value	100.00	Manufacturer	Model
Quantity		Color		Recovered Date	Owner
Serial No./VIN					V - KHIGER, ALAN
Notes:					
Household Items and Appliances					
Status	Stolen	IBR Type	Household Items and Appliances	UCR Type	Household Goods, Appliances
Description	1 DISHES	Value	1,000.00	Manufacturer	Model
Quantity		Color		Recovered Date	Owner
Serial No./VIN					V - KHIGER, ALAN
Notes:					
Clothing, belts, glasses, purses/wallets					
Status	Stolen	IBR Type	Clothing, belts, glasses, purses/wallets	UCR Type	Clothing and Furs
Description	1 CLOTHES	Value	500.00	Manufacturer	Model
Quantity		Color		Recovered Date	Owner
Serial No./VIN					V - KHIGER, ALAN
Notes:					

Narrative

ALAN KHIGER CAME INTO CCAC TO REPORT SOME OF HIS HOUSEHOLD ITEMS STOLEN.

ALAN STATED HE HIRED A PRIVATE MOVER TO MOVE HIS THINGS OUT OF 900 E.DESERT INN RD APT 405 ON MONDAY, 1/28//13. ALAN STATED HE WAS EVICTED AND FOLLOWING THE ORDER TO MOVE HIS THINGS OUT. ALAN STATED HE ESCORTED THE MOVER TO THE APARTMENT AND TOLD HIM TO PUT THE THINGS INTO AN SUV TO MOVE. ALAN STATED HE LEFT THE PROPERTY AND WENT TO WORK.

ALAN STATED AT APPROX 1600 HOURS THE MOVER MADE HIM AWARE THAT WHILE HE WAS MOVING ALAN'S THINGS, HE BROUGHT HIS STUFF OUT THROUGH THE SERVICE ELEVATOR AND SET IT IN THE BACK PARKING LOT AND WAS TAKING MULTIPLE TRIPS TO MOVE THE ITEMS. THE MOVER TOLD ALAN THAT HE SAW THE MANAGEMENT GOING THROUGH ALAN'S THINGS AND THROWING THE LISTED ITEMS AWAY.

ALAN STATED HE CONTACTED MANAGEMENT BUT THEY ARE DENYING TAKING ANY OF THE ITEMS. ALAN STATED HE HAS A WRITTEN STATEMENT FROM THE MOVER IN SPANISH, BUT THE STATEMENT IS AT HIS OFFICE. ALAN ALSO STATED THE MOVER CAN IDENTIFY WHO SPECIFICALLY TOOK THE ITEMS.



October 2, 2013

AMAZING CHIROPRACTIC INC
2990 BRI 12 ST APT 5B
BROOKLYN NY 11235-4776

State Farm
PO Box 52260
Phoenix, AZ 85072-2260

RE: Claim Number: 28-23F5-791
Policy Number: 96BLZ1454
Date of Loss: July 29, 2013
Policy: CMP-4100 Business Owners Coverage Form

Dear Dr. Khiger:

Thank you for submitting your claim to State Farm for consideration. We spoke with Dr. Langstein and he advised that he did not have any information to support that a theft occurred to your business. Also, we were unable to secure a police report for this loss. At this time, we are putting your file in inactive status.

In order to continue investigating your claim, we need the following information:

- 1) A police report for the theft or vandalism that occurred on July 29, 2013.
- 2) A statement from Dr. Lansing confirming theft of your business personal property.
- 3) A statement or contact information from your previous employee
- 4) A detailed list of the stolen or damaged business personal property

At this time I would like to remind you of the conditions of your policy under CMP-4100. Please refer to your CMP-4100 policy which reads in part:

SECTION I — PROPERTY

When a Limit Of Insurance is shown in the Declarations for that type of property as described under **Coverage A – Buildings**, **Coverage B – Business Personal Property**, or both, we will pay for accidental direct physical loss to that Covered Property at the premises described in the Declarations caused by any loss as described under **SECTION I — COVERED CAUSES OF LOSS**.

AMAZING CHIROPRACTIC INC

28-23F5-791

Page 2

Covered Property includes property as described under **Coverage A – Buildings**, property as described under **Coverage B – Business Personal Property**, or both.

Regardless of whether coverage is shown in the Declarations for **Coverage A – Buildings**, **Coverage B – Business Personal Property**, or both, there is no coverage for property described under **Property Not Covered**.

SECTION I — CONDITIONS

1. Property Loss Conditions

a. Abandonment

There can be no abandonment of any property to us.

b. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. Each party will notify the other of the selected appraiser's identity within 20 days after receipt of the written demand for an appraisal. The two appraisers will select an umpire. If the appraisers cannot agree upon an umpire within 15 days, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- (1) Pay its chosen appraiser; and
- (2) Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

c. Duties In The Event Of Loss

(1) You must see that the following are done in the event of loss to Covered Property:

- (a) Notify the police if a law may have been broken.
- (b) Give us prompt notice of the loss. Include a description of the property involved.
- (c) As soon as possible, give us a description of how, when and where the loss occurred.
- (d) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your emergency and temporary repair expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limits Of Insurance of **SECTION I — PROPERTY**. However, we will not pay for any subsequent loss resulting from a cause of loss that is not a Covered Cause Of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.
- (e) At our request, give us complete inventories of the damaged and undamaged property. Include quantities, costs, values and amount of loss claimed.
- (f) As often as may be reasonably required, permit us to inspect the property proving the loss and examine your books and records.

Also permit us to take samples of damaged and undamaged property for

AMAZING CHIROPRACTIC INC

28-23F5-791

Page 3

inspection, testing and analysis, and permit us to make copies from your books and records.

- (g) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
- (h) Cooperate with us in the investigation or settlement of the claim.
- (i) Resume all or part of your "operations" as quickly as possible.
- (2) We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

d. Legal Action Against Us

No one may bring a legal action against us under this insurance unless:

- (1) There has been full compliance with all of the terms of this insurance; and
- (2) The action is brought within 2 years after the date on which the accidental direct physical loss occurred.

The Company does not intend, by this letter, to waive any policy defenses in addition to those stated above, but specifically reserves its right to assert such additional policy defenses at any time. Any suit against us must be started within one year after the date of loss or damage, or as set by state law.

If you have any additional information regarding this claim of loss which has not been previously considered or if you desire any additional explanation regarding this matter, please contact me.

Sincerely,

Barbara Soqui
Claim Representative
877 859 1847 ext 47686
State Farm Fire and Casualty Company

28/732/1457817

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1828
 DESTINATION ADDRESS 18882576080
 SUBADDRESS
 DESTINATION ID
 ST. TIME 08/27 14:52
 TX/RX TIME 01' 08
 PGS. 7
 RESULT OK

08/20/2013 TUE 15:13

FAX

001

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1739
 DESTINATION ADDRESS 17028704249
 SUBADDRESS
 DESTINATION ID
 ST. TIME 08/20 15:12
 TX/RX TIME 00' 24
 PGS. 1
 RESULT OK

claim# 2823 F 5791

Dear, Dr. Laghstein

This is a conformation letter for the following office address 3017 W Charleston Blvd ste 58 that was leased from the following period of Apr 20 to July 30 2013. By Dr. Alan Khiger and his corporation Amazing Chiropractic Inc. This is an agreement letter in support of Word of good faith to return 2 copies of the keys for the file cabinet where patient files for Amazing Chiropractic Inc are securely saved as well as 2 keys for the entry lock to the front door office. Also exit inspection was performed by you and the following damages were reported to you to your office property and acknowledged. You were also notified that an ex employee by the name of Ms. Yvette Nissen is responsible for the destruction of your property and is accused of local terrorism along with United States government against my company Amazing Chiropractic Inc. You also acknowledge that the following property such as chiropractic tables are in fact is securely saved and you will return them to me Dr. Alan Khiger the conditions that they are in. You also acknowledge under the word of good faith that I Dr. Alan Khiger and my company Amazing Chiropractic Inc shall not deem responsible for the following damages listed above neither does it hold you accountable for the following terrorists acts committed. Shall you have any questions in regards to this agreement you can contact me at 702 8174700 or email at amazingchiroinc@gmail.com.

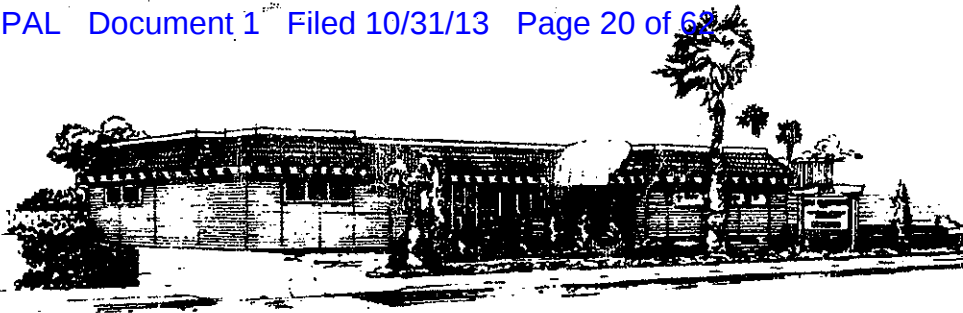
Sincerely,

Dr. Alan Khiger



ZEV LAGSTEIN, M.D.
F.A.C.C., LTD.

*Diplomate American Board of Cardiovascular Disease
Diplomate American Board of Internal Medicine*



May 7, 2013

Your rent for the month of May of \$1,350.00 is overdue.


In addition, you owe \$1,350.00 for last month of contract. This amount has been broken into \$250.00 per month until satisfied. Therefore, the amount you owe right now is \$1,600. The amount of \$1,350.00 you paid in April was a security deposit, which was not applied towards rent, as I made you well aware.

I understand that you don't wish to pay May's rent. I informed you yesterday, 5/6/13, that the rent is overdue. By now, 5/7/13, noontime, no payment has been received.

I'd like to remind you that I allowed you to stay for ten days in April for free. As a sign of goodwill, I am willing to delay the last month's rent payment, which we customarily collect at the beginning of the contract, for another 6 months.

Please regard this letter as an initiation of the eviction process, if rent is unpaid.

Sincerely,


Zev Lagstein, M.D.
Property Manager

Hand delivered by Dr. Zev Lagstein/Cindy Burris *Hand delivered*
Cindy Burris
5:15 PM

10/15/13 09:20

CHART COPY

Page 1 of 2

Coney Island Hospital

Location	Name	Visit#	Sex	Age	DOB
Clinic	Khiger, Alan	1189184-6	M	37Y	01/20/1976

TREATMENT PLAN

Problem List: psychosis

Type of Action: Comprehensive

Plan Effective Date: 09/11/2013

Next Review Date: 12/11/2013

Treatment Team Members: Kheyfits, Yuriy

Primary Therapist (Coordinator): Yuriy Kheyfits, MD

Strengths/Capabilities: Interpersonal relationships, supports, friends, family

Weaknesses/Liabilities: No insight into his condition

Discharge Criteria: pt will no longer be psychotic

Axis I: Schizoaffective disorder, unspecified
Amphetamine and other psychostimulant dependence, unspecified

Axis II: No Diagnosis on Axis II

GAF Score: 50

Problems/Goals/Objectives:

Problem psychosis

Problem Status active

Goal patient will not be psychotic

Goal Status Ongoing

Objective 1 patient will demonstrate reality based thinking, in session

Objctv 1 Status Ongoing

Objctv 1 Achieve Date Wed, 11 Dec 2013

Interventions:

Prblm(s) Addressed by psychosis

Intervntn

Intervntn 1 individual psychotherapy

Resp Person Mila Sverdlov, LCSW

Location	Name	Visit #	Sex	Age	DOB
DIS-CP	Khiger, Alan	1189184-7	M	37Y	01/20/1976

Detailed Psychosocial History (OP)

BH/Sources of Information (6/09)	
Source(s) of Information	Patient: in person
Able to Communicate in English	Fluent
Preferred Language	Russian
Language Used for Assessment	Russian
BH/MH/Family/SO Relationships(OP) (4/09)	
Family/Significant Other Relationships	Significant Family Hx : denied Effect of Family's Issues: denied Effect of Pt's Needs and : parents are upset
Legal Guardian/Custodian?	no
Household Members	Yes
Household Relationships	Name : gregory Relationships : father Age : 63 Quality : supportive Name : svetlana Relationships : mother Age : 58 Quality : supportive
BH/MH/Parenting Skills OP	
Household Members Under 18 Years?	No
BH/MH/Psychosocial Factors (OP) (8/09)	
Presenting Problems	anger management issues
Strengths/Capabilities	[1] Leisure Time Activities; [2] Interpersonal Relationships; [3] Cultural/Spiritual/Religious and/or Community Involvement; [4] Residential Stability; [5] Other Strengths. Examples include: good judgment, literate, insightful, active entitlements,

Guide	good impulse control, history of treatment adherence, able to form relationships, able to communicate needs, support system intact, average or above average intelligence, employed, domiciled
Strengths/Capabilities	pt willing to get well
Weaknesses/Liabilities	Substance Abuse; Treatment Refractory; State Hospital History; Needs New Placement; Family History of Physical Illness; No Source of Income; No Insight; Criminal History; Homelessness; Treatment Refusal; Medical Illness; Mental Retardation; No Family or Community Support; Speaks no English; Recent Immigration
Weaknesses/Liabilities	No insight into his condition
Losses	grandfather
Type of Residence	private residence
Leisure Activity	reading, playing sports, writing
Person(s) Involved in Tx	pt
Written Consent?	Yes
Spiritual/Religious Beliefs	Jewish
Spiritual/Religious Impact on Tx	positive
Migration History	Place of Birth : Ukraine Length of Time in U.S.A : 24
Pt's Perceived Cultural/Racial ID	Jewish
Citizen/Immigrant Status	citizen
Acculturation Issue & Impact on Tx	Negative impact
Sexual History	sexually active since 16 y.o. heterosexual
Sexually Active?	Yes
BH/MH/Developmental History (11/08)	
Infancy Developmental Hx	normal
Childhood Developmental Hx	pt said it was happy
Adolescent	pt said he was a happy outgoing child, good student

Developmental Hx	
Adulthood Developmental Hx	pt sated he was in struggle wit the law after his school graduation, was 6 month in jail for dealing drugs in New York. pt finished College, went to Chiropractic school in Atlanta, Georgia. after graduation, he moved to San Diego where he had problems receiving a license. pt started to believe there that he was under surveillance and that FBI is spying on him due to his drugs history. pt stated he opened his own clinic and worked there for 6 years until he began having problems with the law due to his violent outbursts, which pt denied and stated that he was wrongfully accused. pt had been involved in abusive relationship there until he was given order of protection dn charges were made gor criminal assault, after which pt decided to come to live in New York with his parents.
Peer Relationships/Social Functioning	limited
BH/MH/Legal History	
Legal Involvement Options	criminal-assault
Legal Charges	criminal assault charges
Probation/Parole Officer?	No
Active Restraining Order?	Yes
Active Restraining Order Desc	against his former girlfriend in San Diego
Adult Protective Services	None
BH/MH/Education Background OP/Act Ther	
Education Level	Graduate Degree
Current Enrollment	no, not enrolled in school
BH/MH/Military History	
Military Service?	No
BH/MH/Employment/Benefit Status	

Past Employment	San Diego for the last 6 years as a chiropractor
Employment Status	not employed but able to work
Benefits/Income Sources	none none
Current Financial Problems?	Yes
Financial Problems Desc	unemployed
Vocational Assessment?	Yes
Refer for Vocational Assessment?	No
BH/MH/Abuse/Sexual History IP	
Sexual Abuse?	No, patient denies sexual abuse history
Physical Abuse?	No, patient denies physical abuse history
Verbal/Emotional Abuse?	no, patient denies verbal/emotional abuse history
Elder Abuse?	no, patient denies elder abuse history
Parental Neglect?	no, patient denies parental neglect history
Psychological Trauma History?	yes
Trauma Events	Traumatic Event : Witness to victimization/harm to others
Drug/Alcohol Use Details	no
Use in last 12 months	denied
Negative Effects	not applicable
Violence Risk to Self	none
Violence Risk to Others	pt denied
BH/MH/Case Formulation	
	pt is a 38 years old Male former immigrant from Ukraine. pt has immigrated to the USA 24 years ago. pt came to the clinic due to his Anger Management problems. pt has legal problems and has criminal assault charges as well as restraining order of protection against his former girlfriend who lives in San Diego. pt has ideas of persecution and believes that he is being followed by FBI because of the Drug use and Dealing drugs. pt

**Clinical Case
Formulation &
Summary**

stated when he was 20 years of age he spend 6 month in Jail in New York for selling Drugs and since then pt believed that he was being followed for the purpose of 'destroying his life because he is Jewish and will be deported back to Ukraine'. [pt denied using drugs now. pt revealed during the interview that when he was 6 years old he witnessed severe beating of his grandfather by Ukraine police who were creaming antisemitic accusations and took the grandfather to jail. pt stated this memory made a strong impact on pt's mental health. However, pt denied that his ideas of persecution are not real. pt is recommended for admission to the clinic to deal with the issues of childhood trauma, self-identity and anger management by undergoing medication management and supportive individual psychotherapy.

Data Updated

yes

09/26/13 1115	Sverdlov,Mila, LCSW	partial
09/26/13 1141	Sverdlov,Mila, LCSW	partial
09/26/13 1506	Sverdlov,Mila, LCSW	complete

10/15/13 09:20

CHART COPY

Continued...

Page 2 of 2

Coney Island Hospital

Location	Name	Visit#	Sex	Age	DOB
Clinic	Khiger, Alan	1189184-6	M	37Y	01/20/1976

Patient/Guardian:

Date:

Amazing Chiropractic INC

Dr. Alan Khiger, D.C

Dr. Alan Khiger

Office: (702) 291- 2156

Email: amazingchiropractor@gmail.com

Mr. Paul Andreas

3110 South Valley View Boulevard

Suite 103

Las Vegas, Nevada 89102

Office: (702) 445- 7031

This letter is to inform Mr. Andreas that Amazing Chiropractic INC will be moving our practice from 3120 South Valley View Boulevard Suite A Las Vegas, Nevada 89102.

We are breaking lease agreement for the reasons being:

- 1) We had notified the proper person/ persons in charge, trash has accumulated on the outside are of property Suite A. This matter was addressed numerous times, and remained on going for several months.
- 2) Cigarette Buds were accumulated on outside of property Suite A. Cigarette buds were thrown from 2nd floor on to Amazing Chiropractic INC, entrance. This matter was brought to the attention of person/ persons in charge numerous times, and remained on going for several months.

Patients of Amazing Chiropractic INC had shared concerns in regards to this matter; those patients never returned seeing no changes were made. This is completely understandable being that property is a health facility.

3) On signing lease agreement there was a verbal agreement between I, Dr. Alan Khiger and Mr. Paul Andreas no other Chiropractor will be moving on to property for reasons business would be hard to afloat financially

A. Location is difficult to market; as well internets map GPS navigation does not GPS the right location. South Valley View Boulevard visually seems more as if our location is a Sirius Location which confuses many. The unfinished building on the corner blocks the view of traffic which brings in not walk in patients. (Zero %) walk in patients.

B. Mr. Andreas did not offer information on a Chiropractor moving in to the One World Medicine Urgent Care.

C. Dr. Kim Brassily would be the only exception because; this was discussed and agreed upon between Dr. Alan Khiger and Mr. Paul Andreas.

4) Early 2012 Patients of Amazing Chiropractic send patients on referral to One World Medicine and were treated very rudely from previse staff, the treatment from front staff was so harsh patients has to call us sharing fillings of embarrassment. This type of treatment was on more than a few times and more than a few different patients of Amazing Chiropractic INC.

Last- I demand a new invoice to be made of Amazing Chiropractic INC, full balance owed to Mr. Paul Andreas.

This invoice should not include patients' bills.

Patients of Amazing Chiropractic INC were Personal Injury patients were patients on a lean. This information was understood by staff of One World Medicine, And Mr. Andreas. It is not felt of my own bills were not pressed by billing department of


One World Medicine, and definitely should not be the financial obligation of
Amazing Chiropractic INC to cover the bills of patients, being seen by Doctors of One
World Medicine.

I would be able to vacate over the weekend if permitted.

**You can notify Yvette Nissen at (702) 813- 8280 when a dissection is made.
If you can please, give a response by 4-11-2013, allowing the next 4 days to
fully be out.**

DATE OF PERSONAL DELIVERY: (April 10, 2013)

Signature Dr. Alan Khiger:

 Date: 4/10/13

Signature Mr. Paul Andreas:

Date: _____

Notice to Withdraw
from lease till 4/12/13
Friday due to
the economic hardship
and failure to observe
the lease agreement
set forth, as well as
a violation for tempo-
rary with property
and contents.
D20 ALAN Kley
Kley

Adult ADD Questionnaire

Email this article to a friend

Print This Page

Return

ADULT ADD QUESTIONNAIRE

This questionnaire is provided as a guide only, and should in no way be considered diagnostic.

The scale is the Wender Utah Adult ADD Scale 5.0.

The questions are scored from 1 to 5. The maximum possible score is 120. My unofficial guide is: 0-50 probably not ADD, 50-75 maybe, 75 -100 probably and above 100, it's for sure.

The questions below refer to how you have behaved and felt DURING THE PAST WEEK. Rate each question on a scale of 0 to five, using the following scale:

0 = not at all
3 = moderately

1 = just a little
4 = quite a lot

2 = somewhat
5 = very much

1. At home, work, or school, I find my mind wandering from tasks that are uninteresting or difficult. 0 1 2 3
4 5
2. I find it difficult to read written material unless it is very interesting or very easy. 0 1 2 3
4 5
3. Especially in groups, I find I hard to say focused on what is being said in conversations. 0 1 2 3
4 5
4. I have a quick temper...a short fuse. 0 1 2 3
4 5
5. I am irritable, and get upset by minor annoyances. 0 1 2 3
4 5
6. I say things without thinking, and later regret having said them. 0 1 2 3
4 5
7. I make quick decisions without thinking enough about their possible bad results. 0 1 2 3
4 5
8. My relationships with people are made difficult by my tendency to talk first and think later. 0 1 2 3
4 5
9. My moods have highs and lows. 0 1 2 3
4 5
10. I have trouble planning in what order to do a series of tasks or activities. 0 1 2 3
4 5
11. I easily become upset. 0 1 2 3
4 5
12. I seem to be "thin skinned" and many things upset me. 0 1 2 3
4 5
13. I am almost always "on the go." 0 1 2 3

Adult ADD Questionnaire

- | | |
|---|----------------|
| | 4 5 |
| | 0 1 2 3 |
| 14. I am more comfortable when moving than when sitting still. | 4 5 |
| 15. In conversations, I start to answer questions before the questions have been fully asked. | 0 1 2 3
4 5 |
| 16. I usually work on more than one project at a time, and fail to finish many of them. | 0 1 2 3
4 5 |
| 17. There is a lot of "static" or "chatter" in my head. | 0 1 2 3
4 5 |
| 18. Even when sitting quietly, I am usually moving my hands or feet. | 0 1 2 3
4 5 |
| 19. In group activities it is hard for me to wait my turn. | 0 1 2 3
4 5 |
| 20. My mind gets so cluttered that it is hard for it to function. | 0 1 2 3
4 5 |
| 21. My thoughts bounce around as if my mind were a pinball machine. | 0 1 2 3
4 5 |
| 22. My brain feels as if it were a television set with all the channels going at once. | 0 1 2 3
4 5 |
| 23. I am unable to stop daydreaming. | 0 1 2 3
4 5 |
| 24. I am distressed by the disorganized way my brain works. | 0 1 2 3
4 5 |

Now add up your score and see how it rates on the scale provided above.

Again, this questionnaire is provided for guideline purposes only. If you have questions or concerns, be sure to consult your physician or therapist.

ROSS MILLER

Secretary of State

STATE OF NEVADA



DIANA J. FOLEY

*Securities Administrator
Securities Division*

NICOLE J. LAMBOLEY

Chief Deputy Secretary of State

**OFFICE OF THE
SECRETARY OF STATE**

August 6, 2013

Dr. Alan Khiger
2990 Brighton 12th Street, Apt. 5B
Brooklyn, NY 11235

Re: Complaint-VeeCee, LLC Bookkeeping & Tax Service

Dear Mr. Khiger:

The Nevada Secretary of State, Securities Division (the "Division") is in receipt, on August 5, 2013, of the complaint that you filed with the Division concerning the above mentioned matter. Please be advised that the Division is responsible for administering the Nevada Uniform Securities Act; specifically, the Division regulates investment products and the people and companies that sell them. Accordingly, we primarily review complaints to determine if an investigation is appropriate for a possible regulatory or criminal action.

After reviewing your hand written complaint, it appears the Division does not have jurisdiction over your claim. Enclosed please find a list of New York taxpayer advocates that may be able to assist you.

Respectfully,

A handwritten signature in cursive script, appearing to read "Diana J. Foley".

Diana J. Foley
Nevada Securities Administrator

DJF/ljj

NEVADA STATE CAPITOL
101 N. Carson Street, SUITE 3
Carson City, Nevada 89701-4786
Telephone: (775) 684-5708
Fax: (775) 684-5725

LAS VEGAS OFFICE
555 E. Washington Avenue Ste. 5200
Las Vegas, Nevada 89101-1090
SECURITIES
Telephone: (702) 486-2440
Fax: (702) 486-2452
CORPORATIONS
Telephone: (702) 486-2880
Fax: (702) 486-2888

RENO OFFICE
500 Damonte Ranch Parkway, Suite 657A
Reno, NV 89521-5910
SECURITIES
Telephone: (775) 687-9950
Fax: (775) 687-9948



VEEC EE, LLC

BOOKKEEPING & TAX SERVICE

LICENSED & INSURED

To Our Tax Clients:

DR ALAN KHIGER

We are pleased to confirm our understanding of the arrangements for preparation of your income tax return(s). The Internal Revenue Service imposes penalties on taxpayers, and on us as tax preparers, for failure to observe due care in reporting for income tax returns. In order to ensure and understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare federal tax returns for 2010 from information that you furnish. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it or furnish us with additional data. It is your responsibility to provide us with all the information required for preparing complete and accurate tax returns. Our organizer is designed to assist you. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. The documents may be necessary to prove the accuracy and completeness of the tax returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore should review them carefully before you sign and mail them or we e-file them.

Our work in connection with the income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as we find necessary for the preparation of the income tax returns. Your tax returns may be selected for review by taxing authorities. In the event of an examination or other IRS contact, we are available to represent you. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government contact, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

By your signature below, you agree that you have the proper records to substantiate all items of income and deductions, including travel and entertainment expenses, and that you will carefully examine and approve your completed tax returns before signing or mailing or e-filing.

Our fees will be at our standard billing rates plus out of pocket expenses and will be due upon completion and before e-filing.

If the foregoing is in accordance with your understanding, please sign a copy of this letter in the space(s) provided and returned to us either by mail or at your tax appointment.

Cordially,

X *LAIGER ALAN*

Print name

Date

X *Khiger*

Signature

X

Print Name Spouse

Date

X

Spouse Signature

INTERNAL REVENUE SERVICE
W & T - FIELD ASSISTANCE
BROOKLYN NY 11201

AUG 15 2013

RECEIVED
14204

WE ARE THE KEY
TO YOUR FINANCIAL "SUCCESS"

Office (702) 458-3124 Cell (702) 328-6182 Fax (702) 947-2223
Email info@veeccebookkeeping.com

deductions. The documents may be necessary to prove the accuracy and completeness of the tax returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore should review them carefully before you sign and mail them or we e-file them.

Our work in connection with the income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as we find necessary for the preparation of the income tax returns. Your tax returns may be selected for review by taxing authorities. In the event of an examination or other IRS contact, we are available to represent you. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government contact, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

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Our fees will be at our standard billing rates plus out of pocket expenses and will be due upon completion and before e-filing.

If the foregoing is in accordance with your understanding, please sign a copy of this letter in the space(s) provided and returned to us either by mail or at your tax appointment.

Cordially,

X <u>ALAN ALAN</u>	X _____
Print name _____	Print Name Spouse _____
Date _____	Date _____
X <u>[Signature]</u>	X _____
Signature _____	Spouse Signature _____

WE ARE THE KEY
TO YOUR FINANCIAL "SUCCESS"

Office (702) 458-3124 Cell (702) 328-6182 Fax (702) 947-2223
Email info@veecesbookkeeping.com

INTERNAL REVENUE SERVICE
W&I - FIELD ASSISTANCE
BROOKLYN, NY 11201

AUG 15 2013

RECEIVED
14204

ECM
STANDARD
OK
01
00:00:38
9472223
06/20 13:59

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

SER.# : 000F8N564605
TEL : 17023823400
FAX : 17023828044
NAME : SPINAL REHAB CENTERS
TIME : 06/20/2011 13:59

TRANSMISSION VERIFICATION REPORT

August, 29 2003

Alan Khiger D.C

Amazing Chiropractic Inc

2990 Brighton 12 th st apt 5b

Brooklyn, NY 11235

Dear, Nevada Bar

The following letter in regards to the complaint against Paul S Padda who knowingly and willingly tortured Dr. Alan Khiger with Ivan Renji's personal injury case and still failed to fulfill his duty and breach to pay for the following work I have done on this patient and was paid out in full with high acknowledgment by Progressive insurance company. Mr. Padda had lied deceptively along with his associate Torquise and confronted me that he is a former FBI agent as if any wrong doing was spotted. Then he reproduced the records that were supposedly not legible and had said that progressive still waiting on files from my office to be submitted. I had told him that my memory is extremely intact and the records were sent to him as early as late march by my former office manager Crysttal Munice who at that time was doing back office work. Moreover we have used the office ally billing software to print Mr. Renji's bill. When Yvette Nissen was working at my office he forged a document that is currently in your possession (which I knew was not her hand writing) to submit to office ally to hide the evidence and reproduce original records that were sent earlier in the march to compensate for redundancy and aggravation he had caused asking for records again, again and again. The last visit to his office was on July 28, 2003 he appeared very nervous when I had told him that there is compelling evidence against you for lying and covering up evidence. He informed that he is federal prosecutor who can help if something like that would ever occur. Moreover, his assistant Torquize has said that I should at least submit a summery of final exam to for a submission to insurance company. I denied that request and had told him that they guilty as charged along with Yvette Nissan to conspire to torture me Dr. Alan Khiger and my company Amazing Chiropractic Inc. On August 28, 2003 I had called Progressive insurance company and asked them if Renji's case was settled and it did for \$6700 conformation number 13304189. When I called Padda's office he agreed that payment was made and he disbursed the funds to the client without notifying me and giving me a run around as a fool. I would like to be paid immidietly for the work done as well disbarring Mr. Padda indefinitely as well as prosecuted criminally for the violation of human rights and torture against I Dr. Alan Khiger. Which makes him a United States Terrorist.

Sincerely,

Dr. Alan Khiger

To: Office Ally:

From: Dr. Alan Khiger D.C.

2990 Brighton 12th st 5B

702-817-4700

Amazingchironyc@gmail.com

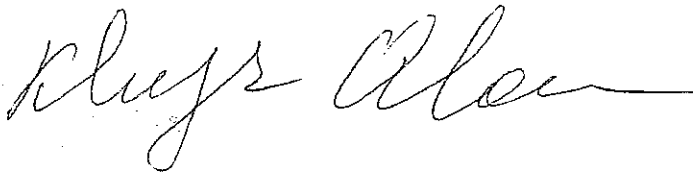
Date: 08/15/2013

To whom it may concern

I Dr. Alan Khiger is requesting the password for the following user name account Amazingc to be forwarded to the email above in regards of billing information that was set up by the office manager Crystal Munice which was employed by Amazing chiropractic inc. Please contact me at 702-817-4700 for any additional questions. I appreciate your cooperation and looking forward to continue our business relationship.

Sincerely,

Dr. Alan Khiger D.C.

A handwritten signature in cursive script, appearing to read "Khiger Alan", written in black ink.

Transmission Log

Friday, 2013-08-16 18:56

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2013-08-16	18:56	SCAN	09358	0:20	14400	Office Ally	1	OK -- V.17 AH31

To: Office Ally:

From: Dr. Alan Khiger D.C.

2990 Brighton 12th st 5B

702-817-4700

Amazingchironyc@gmail.com


Date: 08/15/2013

To whom it may concern

I Dr. Alan Khiger is requesting the password for the following user name account Amazingc to be forwarded to the email above in regards of billing information that was set up by the office manager Crystal Munice which was employed by Amazing chiropractic inc. Please contact me at 702-817-4700 for any additional questions. I appreciate your cooperation and looking forward to continue our business relationship.

Sincerely,

Dr. Alan Khiger D.C.



Amazing Chiropractic Inc Date: July 2013

To office Ally:

This letter is in regards
to my account created by
Passed employee Cristal Muncie.

Miss Muncie is no longer
Working with us As of March 2013.

I Will be needing access to
my account. I am Amazing Chiropractic Inc.
Owner and I am The doctor
that is the only practicing
doctor at Amazing Chiropractic.
It is at grate urgency, etc
Please Contact me.

Office 1291-2156

Fax 940.9630

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	1888
DESTINATION ADDRESS	17023661940
SUBADDRESS	
DESTINATION ID	
ST. TIME	08/30 16:59
TX/RX TIME	00' 45
PGS.	1
RESULT	OK

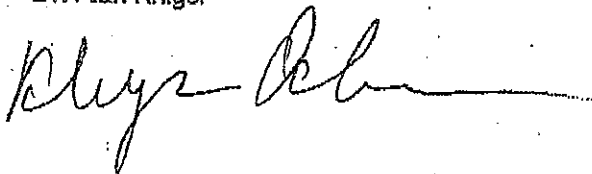
Alan Khiger D.C.
Amazing Chiropractic Inc.
2990 Brighton 12 th st apt 5B
Brooklyn, NY 11235
tel (702) 817-4700

Dear, Patient

I had spoken with your attorney Paul S. Padda in regards to settlement in the amount of \$6700 that was released by Progressive insurance company on August 9, 2013. He had informed me that he payed you out of this settlement for the injury you have sustained from the MVA and was treated by me Dr. Alan Khiger at my office 3120 S Valley View ste A Las Vegas, NV 89102 starting day 1/28/13. You have signed a lien which is a contract that you are responsible for the charges enclosed in this bill that I am sending you. Your lawyer Paul S. Padda had lied to me that your medical records were not legible which is a complete lie and did not sign the lower portion of the lien which binds him into paying me Dr. Alan Khiger for the services that were performed on you while undergoing treatment. This makes you responsible for the charges that I am sending you shall you happen to receive this letter. Please be advised if he did in fact told you that you are responsible than you must pay the balance of \$3900 enclosed in this bill. If not then you should contact me as soon as possible and file a complaint against him with the Nevada State Bar for not disclose this information and putting me Dr. Alan Khiger into this situation. Shall you have any questions you can contact me at this number or send a payment to the address above.

Sincerely,

Dr. Alan Khiger



8/30/13

Gmail - letter to the bar



letter to the bar

Alan khiger <amazingchironyc@gmail.com>
To: Gkhiger@aol.com

Fri, Aug 30, 2013 at 11:09 AM

Dear, Nevada State Bar

My name is Svetlana Dodis a mother to Dr. Alan Khiger. My son is being defrauded by your member Paul S Padda who had lied to him and tortured him in regards to a patient name Ivan Renji that my son has worked on for his personal injury conditions. I am a United States citizen who is in a medical field and know how hard it is to become a doctor in this country. My son has worked very hard to get to where he is at. I am a proud mother and a taxpayer that my son has achieve the most prestiges title in this great country by becoming the best doctor who is still to this day gets compliments from patients who are thankful for my son's work. I do not believe that someone like Mr. Paul Padda has the right to humiliate and degrade my son Dr. Alan Khiger who has nothing but good intentions for the citizens of United States of America. We are hard working American Family who appreciates and values what this country stands for and continue to do so proudly. I would like the Nevada State Bar to act on this matter as quick as possible and disbar Mr. Padda for the actions and harm he had caused to my son and our family.

Sincerely,

Svetlana Dodis

S. Dodis 10.28.13



BANK OF AMERICA, N.A. (THE "BANK")

ALAN KHIGER

MYACCESS CHECKING

Transaction History

**** 3732

Last Posting Date 05/02/2013

Date/Time Printed 5/3/2013 8:22 PM EST

1-877-337-4228
Food @/a/m

Since Last Statement Summary

Last Statement Date
Balance Last Statement (\$) #
Deposits/Credits (+) #
Withdrawals/Debits (-) #
Available Balance (\$) -\$149.87
#Counts include posted items only-Intraday items are not included in the counts
Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Amount Included in Available Balance	Type	Amount	Available Balance
Processing ACH HOLD INTERNET BRANDS, ONLINE WEB ON 05/03					
04/30/2013	CHECKCARD 0428 7-ELEVEN 29652	LAS VEGAS NV 24299103119001839723101	Debit	-\$149.90	-\$149.87
04/30/2013	CHECKCARD 0427 THE BOULEVARD THEATER	LAS VEGAS NV 24794873119900011600086	Debit	-\$19.74	\$0.03
04/30/2013	CHECKCARD 0427 THE BOULEVARD THEATER	LAS VEGAS NV 24794873119900011600086	Debit	-\$18.00	\$19.77
04/30/2013	CHECKCARD 0427 DOUGLAS PARKING STRIP L	LAS VEGAS NV 24789303119119583931002	Debit	-\$6.00	\$37.77
04/29/2013	CHECKCARD 0427 WALGREENS #5013	LAS VEGAS NV 24445003118600233024861	Debit	-\$52.99	\$43.77
					\$48.77

For additional information or service, please contact the Customer Service Center at 1-800-432-1000
* = Item(s) included in Previous Statement(s).

**** 3732

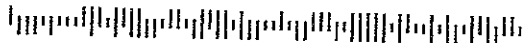
Bank of America

Bank of America, N.A.

MO8-050-01-01

P.O. Box 219038

Kansas City, MO 64121-7270



N3 05/08 0 0336 978

029 007478 #001 AT 0.384

ALAN KHIGER

PO BOX 73132

LAS VEGAS NV 89170-3132.

Telephone Banking: 1.800.432.1000

Date of Notice: 05/06/13

Account: 5010 1550 3732 MyAccess Checking

Stop Payment Notice.

At your request, we have placed a stop payment on the check (item) described below. Please make sure that the information you have provided to us about this item is correct. To cancel your stop payment request or change any of the information noted below, please call us toll free at the number listed above. In addition, if there is a fee associated with your stop payment order, please remember to deduct it from your account balance.

Stop payment order effective:	05/04/13	Amount:	\$149.90
Check number/range:	9999999999	Stop payment fee:	\$0.00
Payee: ACH/ INTERNET BRANDS		Date of check:	05/04/13
Reason for stop payment: OTHER			

Stop Payment Terms and Conditions.

1. You can withdraw your stop payment at any time by writing to us at the address above. Depending on the nature of your stop payment order, a fee may be charged to your account for each stop payment order and for each renewal.
2. Because checks (items) are searched by computer, please make sure that the check (item) number, exact amount and account number you've given us are correct. We will not be liable for failing to stop payment on the item if any of this information is incorrect or if we did not have a reasonable amount of time to act upon your stop payment order. **PLEASE NOTE: If a check (item) you have requested a stop payment on has been presented to the bank for payment, or deposited to a bank account via a teller, ATM or night depository before or on the same business day that you placed the stop payment order, we may not be able to stop payment on this item. If this is the case, we cannot be held liable for failing to honor your stop payment.**
3. Your stop payment order expires on the date listed. For recurring ACH debits on personal and small business accounts, the order is in effect for the longer of either six months or until we believe the merchant has stopped submitting the recurring ACH debit. You may renew the order for an additional time period for an additional fee. To renew the stop payment order, please contact us before the expiration date. If you do not renew the stop payment order and the check, debit or other item is presented to us for payment after the stop payment order expires, we may pay it and will not be liable to you for doing so.
4. By requesting that we stop payment on the check (item), you agree to indemnify and hold us harmless for any loss, claims, damage or costs, including reasonable attorneys' fees, that we incur as a result of honoring your request. Our liability for paying an item subject to a proper and timely stop payment order is limited to the actual loss suffered.



Bank of America

AMAZING CHIROPRACTIO INC.

Page 5 of 7
 Statement Period
 06/01/13 through 06/30/13
 ED P PA 0A 45
 Enclosures 0
 Account Number 5010 1550 8258

Withdrawals and Debits - Continued Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
Subtotal	1,812.52		
Card Account # 4635 8900 0323 2310:			
06/03	4.29	CheckCard 0601 24 Hour Fitness	962406010461054
06/03	11.09	CheckCard 0531 Subway 00010413	962405310108984
06/03	29.54	CheckCard 0531 7-Eleven 25785	962405310653237
Subtotal	44.92		
Card Account # 4635 8900 0334 4529:			
06/20	54.00	Clark County L 06/20 #000000006 Purchase	906206200000006
06/20	58.00	Clark County L 06/20 #000000008 Purchase	906206200000008
06/21	4.96	Super Azteca M 06/21 #000160612 Purchase	906206210160612
06/21	18.63	7-Eleven 06/21 #000650274 Purchase	906206210650274
06/24	2.46	Chevron/Tribl 06/23 #000301306 Purchase	906206230301306
06/24	2.65	CheckCard 0623 Starbucks #13812 Las Ve	962406230667292
06/24	10.49	CheckCard 0621 Starbucks #13812 Las Ve	962406210941768
06/24	12.17	CheckCard 0623 Starbucks #13812 Las Ve	962406230578859
06/24	17.99	#06039 Alberts 06/23 #000383638 Purchase	906206230383638
06/24	19.58	CheckCard 0623 Chevron 002071	906206230595990
06/24	20.99	Chevron/Terrib 06/24 #000133793 Purchase	906206240133793
06/24	40.49	CheckCard 0620 Walgreens #5013	962406200225923
06/24	49.91	CheckCard 0621 State Farm Insurance	962406210337045
06/24	74.18	CheckCard 0623 The Ups Store 0097	962406231004834
06/25	24.64	CheckCard 0624 Fedexoffice 00013037	962406240695920
06/25	25.02	CheckCard 0625 Chevron 002129	906206250456716
06/26	6.35	CheckCard 0625 Mariana's Supermar	962406250430947
06/26	7.35	Hayat Market 06/26 #000991138 Purchase	906206260991138
06/26	35.00	CheckCard 0624 Sammy's Woodfire Pizza	962406240225899
06/27	63.00	New Star Clean 06/26 #000000002 Purchase	906206260000002
06/27	9.03	CheckCard 0626 Starbucks #13812 Las Ve	962406260841841
06/27	23.75	Vons 2396 06/27 #000914962 Purchase	906206270914962
06/27	27.67	7-Eleven 06/26 #000485563 Purchase	906206260485563
06/27	42.75	City Express 06/27 #000787660 Withdrwl	906206270787660
06/28	2.00	City Express 06/27 #000787660 Withdrwl	906206270787660
06/28	1.59	Lowe's #1639 06/28 #000885229 Purchase	906206280885229
06/28	2.11	CheckCard 0627 Starbucks #00661 Las Ve	962406270617476
06/28	3.42	Lowe's #1639 06/28 #000880321 Purchase	906206280880321
06/28	3.95	CheckCard 0627 Starbucks #13812 Las Ve	962406270383964
06/28	11.57	CheckCard 0626 IN-N-Out Burger #88	962406260141333
06/28	16.97	CheckCard 0627 Chipotle 0363	962406270931318
06/28	22.00	Dotty's # 1 06/27 #000654679 Withdrwl	906206270654679
06/28	22.17	CheckCard 0626 A - Mart	962406260497957
06/28	40.00	BkofAmerica ATM 06/28 #000002700 Withdrwl	906206280002700
06/28	64.73	Wal-Mart #3473 06/28 #000038741 Purchase	906206280038741
06/28	120.77	CheckCard 0626 Office Depot #2285	962406260141459
06/28	2.00	Dotty's # 1 06/27 #000654679 Withdrwl	906206270654679
Subtotal	964.34		

BANK OF AMERICA, N.A.
WEST RETURN ITEMS

Page 001 of 001
Bank : 00336
Center :
Divider: 7,352
Code : 4 0 B App:

H



>002243 3409219 0001 008239 10Z
AMAZING CHIROPRACTIO INC.
3017 W CHARLESTON BLVD STE 58
LAS VEGAS NV 89102-1927
US

Deposit Account:xxxxxxxxxx8258
Charge Account :xxxxxxxxxx8258
Store/Reference:00000000000000

Dear Valued Customer:

Date of Notice: 07-11-2013

We are writing to notify you that the item or items listed below, which were deposited to your account have been returned unpaid. As a result, we have charged them to your account. Fees for analyzed accounts are itemized on the account analysis statement.

Number of Returned Items: 1
Amount of Returned Item(s): 547.56

SEQUENCE/ DEP DATE	ABA NUMBER/ DEP AMOUNT	MAKER NAME/ CHECK DATE	RETURN REASON/ Additional Data	AMOUNT
2234679487 7/9/2013	1211-0078 547.56		Closed Account	547.56

If you have any questions or need additional information, please contact one of our customer service representatives toll-free at 1-888-400-9009. We appreciate your business and look forward to serving you in the future.

Sincerely,
Returns & Exceptions

[illegible]

I agree to pay above total amount according to card issuer agreement. (Merchant agreement if Credit Voucher)

\$300.00

00'05

Online

12/14/41

002517

500000

1000

XXXXXXXXXXXX4835

CREDIT CARD
VISA SALE

SALE AMOUNT

Tax Amount:

Mode:

Identity Method:

Approval Code:

4. WATER

CARD # TOKEN
INVOICE

372207686885

06/10/2011
MID: 000000003218322

06/10/2013

17:23:40
TID: 04828510

AMAZING CHIROPRACTOR I
3017 CHARLESTON BLVD 5
LAS VEGAS, NV 89102

07/26/2013
 Merchant ID:
 Terminal ID:
 Batch #:

01:54:26

8510
 001

CHECK DETAILS

TRANS # TRANS TYPE
 CLERK APPROVAL CLERK

07/26/2013
 Merchant ID:
 Terminal ID:
 Batch #:

01:54:45

8510
 001

CHECK TOTALS

Sales 000 \$0.00
 Pto 21 000 \$0.00
 Voids 000 \$0.00
 CashBack 000 \$0.00

07/26/2013
 Merchant ID:
 Terminal ID:
 Batch #:

05:20:36

8510
 001

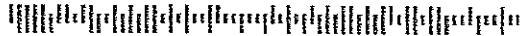
CHECK TOTALS

Sales 000 \$0.00
 Pto 21 000 \$0.00
 Voids 000 \$0.00
 CashBack 000 \$0.00

**Bank of America**

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 7
Statement Period
06/01/13 through 06/30/13
ED P PA OA 45
Enclosures 0
Account Number 5010 1550 8258



BD 07/10 0 0336 759 318 003626 #001 AV 0.360

AMAZING CHIROPRACTIO INC.
3017 W CHARLESTON BLVD STE 58
LAS VEGAS, NV 89102-1927

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online.
Enroll at www.bankofamerica.com/smallbusiness.

Customer Service Information

www.bankofamerica.com

For additional information or service, you may call:
1.888.BUSINESS (1.888.287.4637)

Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

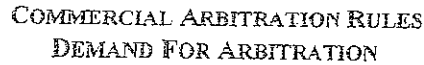
Business Advantage Chk

AMAZING CHIROPRACTIO INC.

Your Account at a Glance

Account Number	XXXX XXXX 8258	Statement Beginning Balance	\$45.98
Statement Period	06/01/13 through 06/30/13	Amount of Deposits/Credits	\$9,259.40
Number of Deposits/Credits	11	Amount of Withdrawals/Debits	\$8,674.15
Number of Withdrawals/Debits	125	Statement Ending Balance	\$631.23
Number of Days in Cycle	30	Average Ledger Balance	\$508.51

Your account has overdraft protection provided by Deposit Account number 5010 1550 8245.



MEDIATION: If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box. <input type="checkbox"/>			
There is no additional administrative fee for this service.			
Name of Respondent <u>BANK OF AMERICA</u>		Name of Representative (if known) <u>DR. ALAN KHIGER</u>	
Address <u>592 5th Ave</u>		Name of Firm (if applicable) <u>AMAZING CHIROPRACTIC INC</u>	
		Representative's Address <u>1990 BRIGATON 12th</u>	
City <u>NEW YORK</u>	State <u>NY</u>	Zip Code <u>11255</u>	
Phone No. <u>(212)</u>		Fax No.	
Email Address:		Email Address:	
The named claimant, a party to an arbitration agreement dated _____, which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.			
THE NATURE OF THE DISPUTE <u>allowing employee AFT transaction check and releasing \$200 into the account for AMAZING CHIROPRACTIC, INC which resulted in illegal source failure for CASH advance due to loan agreement approx</u>			
Dollar Amount of Claim \$ <u>10,000</u>		Other Relief Sought: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input type="checkbox"/> Arbitration Costs <input checked="" type="checkbox"/> Punitive/Exemplary <input type="checkbox"/> Other	
Amount Enclosed \$ <u>0</u> In accordance with Fee Schedule: <input checked="" type="checkbox"/> Flexible Fee Schedule <input type="checkbox"/> Standard Fee Schedule			
PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE: <u>FINANCIAL / BANKING</u>			
Hearing locale <u>BKLYN NY</u> (check one) <input checked="" type="checkbox"/> Requested by Claimant <input type="checkbox"/> Locale provision included in the contract			
Estimated time needed for hearings overall: <u>1</u> hours or <u>0</u> days		Type of Business: Claimant <u>AMAZING CHIROPRACTIC</u> Respondent <u>FINANCIAL</u>	
Is this a dispute between a business and a consumer? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this dispute arise out of an employment relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If this dispute arises out of an employment relationship, what was/is the employee's annual wage range? Note: This question is required by California law. <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> Over \$250,000			
You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.			
Signature (may be signed by a representative) <u>[Signature]</u>		Date: <u>8/14/13</u>	
Name of Claimant <u>DR. ALAN KHIGER</u>		Name of Representative	
Address (to be used in connection with this case) <u>1990 BRIGATON 12th apt 173</u>		Name of Firm (if applicable)	
City <u>BKLYN</u>		Representative's Address	
State <u>NY</u>	Zip Code <u>11255</u>	City	State
Phone No. <u>(212) 702-7700</u>	Fax No.	Phone No.	Fax No.
Email Address: <u>AMAZINGCHIROPYCE@AOL.COM</u>		Email Address:	
To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100 Voorhees, NJ 08043. Send the original Demand to the Respondent.			



111012822
07/11/2013
500135640

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-D
CLOSED ACCOUNT

20340001
7352
1
08923

59829546
90956286
07/09/2013
E102/60/20
1190000221

CLOSED ACCOUNT

<small>VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM</small>	
Amazing Chiropractic 4760 W Sahara Ave Ste 5 Las Vegas, NV 89102	99-78n211 Payroll Check Number: 10000 Pay Date: 02/19/2013
Pay to the order of This amount: Crystal Muncie FIVE HUNDRED FORTY SEVEN AND 56/100	\$547.56
Bank of The West NV	

11 10000 11 1 21 10078 21 2030385013 11

THE ORIGINAL DOCUMENT IS AN UNREPRODUCIBLE COPY OF THE ORIGINAL DOCUMENT. IT IS NOT A LEGAL COPY OF THE ORIGINAL DOCUMENT.

11 10000 11 1 21 10078 21

030385013 11 0000054756



AMAZING CHIROPRACTIO INC.
3017 W CHARLESTON BLVD STE 58
LAS VEGAS , NV 89102-1927

July 15, 2013

Account number(s) ending in XXXXXXXX8245

Dear AMAZING CHIROPRACTIO INC.:

After careful review of the above-referenced account(s), we regret to inform you that Bank of America has elected to close your account(s) in accordance with the provisions of our Deposit Agreement and Disclosures provided to you at the time your account(s) was opened. Under these terms and conditions, either the bank or the customer may close the account(s) at any time.

Please be advised of the following:

- You will need to make other banking arrangements for the handling of any automatic and/or electronic transactions, and do not write any checks.
- When the account(s) is closed, any checks presented for payment will be returned 'Account Closed' and if you have an ATM/Debit Card it will no longer access the account. A Cashier's Check for any collected balance will be mailed to you after all previously deposited items have been verified.
- If your account(s) is overdrawn or becomes overdrawn, a deposit of cash must be made to bring the account(s) to a zero balance.
- We may report the account(s) to Chex Systems, Inc., and/or Early Warning Services, LLC, which are both consumer reporting agencies. This may adversely impact your ability to open an account at another financial institution for up to seven years.

If you have any questions about this matter, please contact Risk Identification Support Center Customer Service at 1.877.240.6886 Option 2 Monday through Friday from 8 a.m. to 9 p.m., or Saturday 9 a.m. to 5 p.m. Eastern to speak with an associate.

Sincerely,

Risk Account Closure Unit

Case Ref#: 43777485

Alan Khiger

MOTION FOR CHANGE OF VENUE

I, Dr. Alan Khiger who is hereby represented as a Pro se in the civil matter for case #12M16952X battery misdemeanor. The is a motion for request to transfer jurisdiction matter based on the monetary damages sustained during the coarse of case duration in the amount of graeter than 75,000 and less than 85,000 to the Amazing Chiropractic Inc. Under the grounds that amount sustained in monetary damages reserves the right due process of transer of jurisdiction and change of venue into the federal court. The merriots of the case carry proof beyond unreasonable doubt as well as lack of physical evidence of providing survailance which is extremely critical in exonoration and full dissmisal of the case by the plaintiff State of Nevada against I Dr. Alan Khiger and his company Amazing Chiropractic Inc who served well it's citizens of the sate of Nevada for managing disorders associated with chiropractic symptomotology. By violating his

human rights as a licensed chiropractic physician for the state of Nevada license number 01359. I hereby request honorable judge Janice Marshall into the transfer of jurisdiction into the 2nd circuit district based on the following merits mentioned above. Please see tax return. April 1, 2013; at the Justice Court of Las Vegas Township County of Clark, State Of Nevada. (If the defendant fails to appear for sentencing or pretrial or arraignment, but does appear within (5) days of the original appearance date, the court costs shall be waived). I received numerous anonymous phone calls on

March 6, 2013 from a person who is claimed to be a bail bond representative to arrest me if certain amount of money has not been paid. I respectfully replied that to my knowledge the trial date is set for April 1, 2013 and I would further investigate the validity of his claim. He began asking me questions such as, where my location is and what not. Therefore, I respectfully petition the Judicial Officer, Honorable Marshall Janice and the District

Attorney on file to dismiss such order based on the merits mentioned above, prior to the Hearing on March 29, 2013. (A copy of the notice of Trial setting shall be furnished to the bail bond agent for a defendant, if the defendant fails to appear as directed by the Court, bail forfeiture shall be immediately issued). (The bail bond agent should have 60 days locating the defendant. At the end of 60 days, the full amount of the bond shall be due). (Attorney at Law, admitted to practice in state of Nevada, by the name of Joe Reiff was attorney on file for an arraignment on October 30, 2012, where it is hereby stated by **Clark County Court Rules:** Defendants are required to appear in person for driving under the influence and domestic violence arraignment) Such merits do not apply, and therefore must be excluded.

1 Alan Khiger

2
3 **MOTION TO SUPPRESS BOND**

4 I, Alan Khiger who is hereby represented as a
5 Pro se would like to deny any violation
6 associated with a forfeiture of a bond order on
7 the date of October 30, 2012 for case
8 #12M16952X Criminal battery misdemeanor.

9 Upon release I had been in Justice Court on
10 October, 30 2012 for an afternoon recess, due
11 to a medical emergency involving a patient of
12 mine, the warrant was issued, and quashed on
13 November 2, 2012 that is still within a five day
14 rule, of which the trial has been set on

15 April 1, 2013: at the Justice Court of Las Vegas
16 Township County of Clark, State Of Nevada. (If
17 the defendant fails to appear for sentencing or
18 pretrial or arraignment, but does appear within
19 (5) days of the original appearance date, the
20 court costs shall be waived). I received
21 numerous anonymous phone calls on

22 March 6, 2013 from a person who is claimed to
23 be a bails bond representative to arrest me if
24 certain amount of money have, not been paid. I

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26 trial date is set for April 1, 2013 and I would
27 further investigate the validity of his claim. He
28 began asking me questions such as, where my
29 location is and what not. Therefore, I
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32 Attorney on file to dismiss such order based on
33 the merits mentioned above, prior to the
34 Hearing on March 29, 2013. (A copy of the
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37 defendant fails to appear as directed by the
38 Court, bail forfeiture shall be immediately
39 issued). (The bail bond agent should have 60
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43 of Nevada, by the name of Joe Reiff was
44 attorney on file for an arraignment on
45 October 30, 2012, where it is hereby stated by
46 **Clark County Court Rules:** Defendants are
47 required to appear in person for driving under
48 the influence and domestic violence

49

arraignment) Such merits do not apply, and

50

therefore must be excluded.

51

Dr. Khayen

*You are a witness to all
who know you,
a sign that God is alive.*

*On your birthday, I know He'll bless
you even more than yesterday.*

*I hope your day is filled
with miracles,
and every birthday wish comes true.*

*I thank God the Father
for creating you,
and will be thinking of
you all day.*

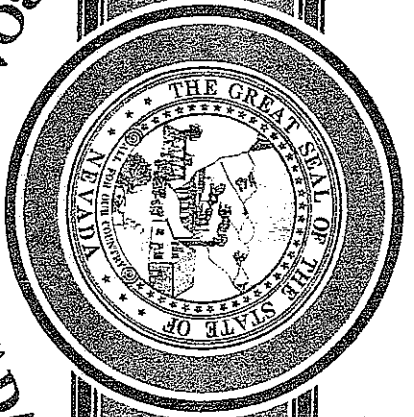
Happy Birthday!

Eula

License No.
B01359

Chiropractic

BOARD OF NEVADA



Physicians

This is to Certify that

ALAN KHIGER, DC

has passed a satisfactory written and oral examination before this board in the Principles and Practice of Chiropractic, and has in addition thereto demonstrated his proficiency on same. The Chiropractic Physicians' Board of Nevada under the provisions of an act to regulate the practice of Chiropractic, the same being 1923 Statutes of Nevada, as amended, has hereby granted him this certificate and caused his name to be entered upon the records of the Board as a

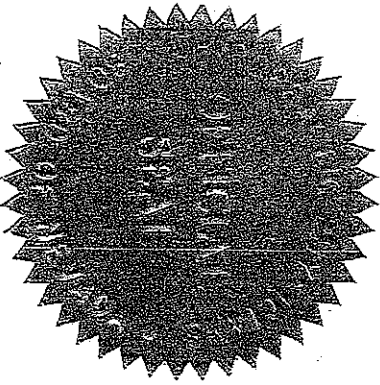
CHIROPRACTIC PHYSICIAN

legally authorizing him to practice Chiropractic, as defined by law, in the State of Nevada.

THIS CERTIFICATE IS REVOCABLE FOR CAUSE AS SPECIFIED BY LAW

In Witness Whereof

the signatures of the members and the official seal of the Chiropractic Physicians' Board of Nevada are hereby affixed. Given at Las Vegas, Nevada this 11th day of September, 2009.



Robert R. Gaudin, DC *Alan Khiger, DC*

PRESIDENT
Robert R. Gaudin, DC *Robert R. Gaudin, DC*

SECRETARY-TREASURER
Robert R. Gaudin, DC

CONSULDER MEMBER

THIS CERTIFICATE VALID ONLY WHEN RENEWAL FEE IS PAID AS SPECIFIED BY LAW

Dr. Allen,

I can't thank you
enough for all that you
did for me this year.
Without your expert
help I wouldn't have
been as successful at
my races.

Much Gratitude
Carrie
Merick

May the beauty of
the Season
be with you
all through the year.

Happy New Year
Carrie

non-ind

The Page and William Black Post-Graduate School The Mount Sinai School of Medicine

Certifies that

Alan Khiger

has participated in the educational activity titled
DOT Commercial Driver Medical Examination

on

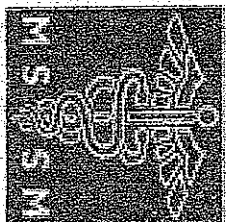
DOT Commercial Driver Medical Examination

on

December 22, 2010

and is awarded 1.00 category 1 credits toward the ASHA Physician's Recognition Award.

The Mount Sinai School of Medicine is accredited by the Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.



David A. Miller, M.D., Director of Medical Education